**S8 Table. Sensitivity analysis comparing full cohort vs cohort without subjects with clinically indicated scans at >35 weeks of gestationwhen associating antenatal late FGR and educational attainment aged 5-7**

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| **Assessment** | **Full cohort** | **Excluding clinically indicated scans at**  **>35 weeks of gestation** |
|  | **(N=250)** | **(N=152)** |
| **Age 5** | 1.33 (0.93-1.89) | 1.27 (0.81-1.96) |
| **Age 6** | 1.68 (1.12-2.48)\* | 1.38 (0.81-2.28) |
| **Age 7** |  |  |
| **Reading** | 1.46 (0.99-2.13)\* | 1.33 (0.80-2.14) |
| **Writing** | 1.46 (1.02-2.07)\* | 1.52 (0.97-2.34) |
| **Mathematics** | 1.49 (1.02-2.15)\* | 1.51 (0.93-2.38) |
| **Science** | 0.98 (0.58-1.58) | 1.06 (0.56-1.91) |

Outcome: Not achieving expected educational standard at each corresponding age.

Adjusted odds ratios (OR) with 95% confidence intervals of FGR are displayed with healthy AGA as the referent group.

\*P values<0.05, based on on logistic regression models of educational performance between 4 antenatal exposure groups: (1) Antenatal FGR, (2) Antenatal healthy SGA, (3) Antenatal AGA with markers of placental dysfunction, and (4) Antenatal healthy AGA.

All models are adjusted for: maternal factors (age at pregnancy, BMI at recruitment, ethnicity, occupation, partner status, smoking history), infant factors (gestational age, sex, birth seasonality, childhood physical health), socio-economic factors (IMD, school funding, academic year)

Markers of placental dysfunction are defined as one or more of the following: low AC growth between 20-36 weeks, high uterine artery pulsatility index at 20 weeks, high umbilical artery pulsatility index at 36 weeks, EFW <3rd centile, low PAPPA, sflt1:PlGF ratio, and high AFP